FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	IIO	N		
		(See instruction	s)			Office use only
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)	Exan over	nple: If typying, type the lines	12FE4M5	
AMERICAN A	SSOCIATION OF	ROPINSURERS	S POLIT	ICAL ACTION COM	MITTEE (AA(
ADDRESS (number an	d street)	MASSACHUSET	TS AVE	NW SUITE 800		
(Check if addre	ss					
is changed)	WAS	HINGTON		шшш	PC	20001 -
			CITY		STATE	ZIP CODE 📥
COMMITTEE'S E-M.	AIL ADDRESS (Please	provide only one e-m	nail addre	ss)		
(Check if addre	ss rpaso	co@mwmlaw.coi	m 			
			11			
COMMITTEE'S WEI	B PAGE ADDRESS (UI	RL)				
(Check if addre	ss					
is changed)	لبا					
2. DATE M 0	M / D D / Y	2 0 0 9 °				
3. FEC IDENTIFICATION NUMBER C C00172833						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have example 1	nined this Statement and	to the best of my know	vledge and	d belief it is true, correct and	d complete	
Type or Print Name of	of Treasurer	lichael R. McLec	od			
Signature of Treasure	er Electronically Filed	d by Michael R.	McLeo	d	Date 04	15 / YYYYYY
NOTE: Submission of				e person signing this State		
Office Use Only				For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)